



## CHILD CARE GRANT PROGRAM

Department of Health and Social Services  
Division of Public Assistance  
Child Care Program Office  
3601 C Street, Suite 140  
PO Box 241809, Anchorage, Alaska 99524-1809

Office Use Only

## CHILD CARE GRANT APPLICATION

Please check one: ☐ New ☐ Update

Facility Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City and ZIP Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Employer ID or Social Security Number: \_\_\_\_\_

### Enclosed are the following:

- \_\_\_\_\_ 1. The original/signed copy of the Child Care Grant (CCG) Application form.
- \_\_\_\_\_ 2. A copy of my current Child Care License.

I certify that the information provided on this form is true and correct. I understand that if I provide false information on, or with, this form, any money obtained as a result must be paid back to the State, and I may not be able to participate in the Child Care Grant program in the future. I have read, understand and agree to comply with the Terms and Conditions Agreement.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Owner/Director Signature

\_\_\_\_\_  
Date

### Office Use Only

Effective Date: \_\_\_\_\_ Vendor#: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_